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Commissioner for Patents  
P.O. Box 1450  
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## CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. : ENDICOR.5CP1D1  
Applicants : Honeycutt, et al.  
For : ROTATIONAL ATHERECTOMY DEVICE  
Attorney : Sabling H. Lee  
"Express Mail" Label No. : EV 718 245 351 US  
Date of Deposit : July 29, 2005

I hereby certify that the accompanying

Amendment/Response Transmittal in 2 pages; Response to Office Action dated July 29, 2005 in 10 pages; Supplemental Information Disclosure Statement, PTO Form PTO/SB/08 Equivalent with 22 references enclosing 1 reference; Check for submission of an Information Disclosure Statement; Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Please Direct All Correspondence to Customer Number **20995****AMENDMENT / RESPONSE TRANSMITTAL**

Applicants : Honeycutt, et al.  
 App. No : 09/737,165  
 Filed : December 14, 2000  
 For : ROTATIONAL ATHERECTOMY  
 DEVICE  
 Examiner : Kevin T. Truong  
 Art Unit : 3731

Confirmation No.: 8235

Certificate of Express Mail

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July 29, 2005

(Date)

Sabing H. Lee, Reg. No. 43,745

**Mail Stop Amendment**

Commissioner for Patents

P.O. Box 1450

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Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Response to Office Action dated ~~April~~<sup>July</sup> 29, 2005 in 10 pages.
- (X) A Supplemental Information Disclosure Statement and PTO/SB/08 equivalent listing 22 references and enclosing 1 reference for consideration.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Excess Claims > 20	29 - 51 = 0	1202 (\$50)	0 x 50 =	\$0
Independent > 3	6 - 6 = 0	1201 (\$200)	0 x 200 =	\$0
Submission of an Information Disclosure Statement		1806 (\$180)		\$180
			<b>TOTAL FEE DUE</b>	<b>\$180</b>

- (X) A check in the amount of \$180 to cover the above fee is enclosed.
- (X) Return prepaid postcard.

Docket No.: ENDICOR.5CP1D1

July 29, 2005

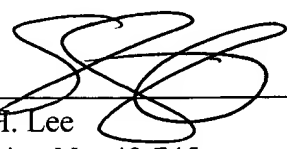
App. No.: 09/737,165

Page 2 of 2

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- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



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Sabing H. Lee

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Attorney of Record

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